In 1994, in the UK, histamine-2-receptor antagonists (H2RAs) were switched from prescription to non-prescription, over-the-counter (OTC) status. However, the impact of this change has not been studied.
OBJECTIVE: The objective of this analysis was to evaluate the effects of the change from prescription to OTC on sales of gastrointestinal products (GIPs).
METHODS: IMS provided market sales in dollars and prescription volume for GI products from 1992 to 1997. All sales figures were converted to 1997 US dollars using the Consumer Price Index.
RESULTS: Between 1992 and 1997, total spending on GIPs increased from $1.09 billion to $1.46 billion. Concurrently, spending on prescription GIPs rose from $940 million to $1.33 billion with a steady increase in number of prescriptions for GIPs to 22.2 million by 1997. Since the introduction of OTC H2RAs in 1994, their market share amongst all H2RAs has grown modestly from 0.9% to a high of 1.5% in 1996, when sales were approximately $7.2 million. The market share of OTC H2RAs amongst total OTC GIPs reached a high of 0.56% in 1995.
CONCLUSION: The status change of H2RAs to OTC status has had a minimal effect on the OTC GIPs sold in the UK.

PGI4

PRESCRIPTION TO OVER-THE-COUNTER PRODUCTS: HISTAMINE-2-RECEPTOR ANTAGONISTS IN THE USA

Rolnick M, Furler M, Mak M, Lawday K, Einarson TR
Faculty of Pharmacy, Graduate Department of Pharmaceutical Sciences, University of Toronto, Toronto, Ontario, Canada

OBJECTIVE: The purpose of this study was to develop and refine holistic health state descriptions of diabetic peripheral neuropathy (DPN) and its complications for a new utility instrument.
METHODS: Quality of life domains and health state descriptions related to DPN were developed through a literature review, previous focus group materials, and expert opinion. Potential corresponding photographs were identified by expert opinion. Sixteen veterans with DPN-related complications were recruited to participate in focus group discussions of DPN and its impact on quality of life. Demographic and SF-36 data were also collected. Semi-structured discussion on the health state descriptions and the quality of life domains were used to refine and face validate the health state descriptions. A psychometric analysis was performed on eight additional patients to identify the most appropriate photographs to accompany each health state description.
RESULTS: The mean SF-36 Physical and Mental Component Summary scales of the participants were 28.32 and 51.69, respectively. Four broad quality of life domains: symptoms of DPN (numbness, tingling, sensation, pain, temperature detection), physical function (mobility), social function (family, leisure activities, social life) and mental/emotional function (affect, mood, cognition) were identified. Qualitative exploration of these domains in four focus group discussions affirmed that these were the domains of importance to patients. Analysis of the empiric data from the psychometric experiment unequivocally demonstrated the photographs to accompany the health state descriptions.
CONCLUSIONS: Eight health state descriptions with photographs were refined and validated by patients. These health state descriptions will be used with U-Titer, a customizable utility elicitation software package, to derive preference weights from an at-risk population in Canada (N = 60) and the United Kingdom (N = 60).

PGI5

FACTORS INFLUENCING THE DURATION OF GI MEDICATION TREATMENT ASSOCIATED WITH NSAID-INDUCED GASTROPATHY

Wu WK[1], Etzel J[1], McHugh J[2]
[1]St. John's University College of Pharmacy, Jamaica, NY, USA; [2]National Medical Health Card Systems, Inc., Port Washington, NY, USA

OBJECTIVES: The uses of GI medications for the treatment of and/or prophylaxis of NSAID induced gastropathy can be costly and may not necessarily reduce the risk of more serious events. The aim of this study was to examine factors influencing the length of gastrointestinal (GI) medication usage period associated with concurrent NSAID use.
METHODS: This retrospective drug utilization study examined 15-month pharmacy claims records extracted from a pharmacy benefit manager's database. Only patients (N = 454) prescribed an NSAID with no prior GI medication use were included. This allowed the examination of those patients' GI treatment pattern exclusively attributable to NSAID use. GI medication treatment period was evaluated by the Kaplan-Meier method. Factors affecting the length of treatment period were analyzed using Cox proportional hazard regression procedure.
RESULTS: Approximately 30% of the patients received GI treatment longer than 180 days. The probabilities of a patient using GI medications longer than 30, 180, and 360 days were 73.40%, 38.77%, and 22.30%, respectively. The mean and median GI medication usage time is 182 and 117 days (CI = 90, 147). Cox's proportional hazards regression indicated that advanced age (RR = 0.983; CI = 0.974, 0.993), long term NSAID therapy (RR = 0.463; CI = 0.348, 0.618), earlier introduction of GI treatment (RR = 1.002; CI = 1.000, 1.003), and proton pump inhibitors (PPI) (RR = 0.656; CI = 0.469, 0.918) were associated with longer GI treatment periods.
CONCLUSIONS: The results suggest that there is a tendency for patients to receive prolonged course of GI therapy once such treatment was initiated, even though they were prescribed more potent PPIs. Further outcomes studies should be pursued to optimize the GI medication use associated with NSAID induced GI complications.